Los Angeles County Department of Public Health Investigation Form:
Middle East Respiratory Syndrome Coronavirus (MERS) Patient Under Investigation (PUI)

For patients who meet the definition of a MERS PUI:

Interviewer's name:	**Phone:**	
Reporter's name:		
Physician's name:	**Phone:**	**Pager:**
Facility (hospital) name:	**Phone:**	**IP's name:**
Facility Address:		

Patient Information

Patient name:	**Phone(home):**	**Phone(cell):**
Residency: ☐US resident ☐Non US resident	**Country**:	**Email:**
Address:_____		
City:	**State:**	**Zip code:**
Interviewed: ☐ Yes ☐ No ☐ Unk	**Investigated:** ☐ Yes ☐ No ☐Unk	
Date Interviewed:	**Date Investigated:**	

1. Sex: ☐Male ☐Female **2. Age:** ☐year ☐month **3. DOB:**

4. Race: ☐W ☐B ☐Asian/Pacific Is ☐Am Indian/AK native ☐Other ☐Unk **5. Ethnicity:** ☐ Hispanic ☐ Non-Hisp ☐ Unk

6. Occupation: **7. Industry:**

Clinical Presentation

8. Date of symptom onset: **9. History of fever** ☐ Yes ☐ No ☐ Unknown specify highest_____°C / °F

10. Symptoms (Check all that apply)**:**

☐ Chills	☐ Sore throat	☐ Headache	☐ Muscle aches
☐ Shortness of breath	☐ Vomiting	☐ Abdominal pain	☐ Diarrhea

☐ Other_____

11. Is/Was the patient:

a. Hospitalized?	☐ Yes	☐ No	☐ Unk	If yes, date:
b. Admitted to ICU?	☐ Yes	☐ No	☐ Unk	If yes, date:
c. Intubated?	☐ Yes	☐ No	☐ Unk	If yes, date:
d. Visited ED?	☐ Yes	☐ No	☐ Unk	If yes, date:

12. Has patient received a diagnosis of:

Pneumonia?	☐ Yes	☐ No	☐ Unk
ARDS?	☐ Yes	☐ No	☐ Unk
Renal failure?	☐ Yes	☐ No	☐ Unk
Other?	Specify:_____		

13. Does the patient have a non-MERS etiology for their respiratory illness but has not responded to appropriate therapy? ☐ Yes ☐ No ☐ Unk

If yes, please specify:_____

14. Has the patient died?

☐ Yes ☐ No ☐ Unk

Date of death?

15. Underlying health conditions (Check all that apply)**:**

☐ Immunocompromised (specify):_____ ☐ Diabetes ☐ Chronic lung disease ☐ Chronic heart disease

☐ Chronic kidney disease Pregnant: ☐ Yes ☐ No ☐Unk ☐Other_____

Risk Factors:

16. Travel to or from a country in or near the Arabian Peninsula† within 14 days before illness onset?

☐ Yes ☐ No ☐ Unk If yes, which countries?_____Dates: to

17. Is the patient (Check all that apply): ☐ Health care worker (HCW) ☐ US military ☐ Flight crew ☐ Other_____

18. Residence in country in or near the Arabian Peninsula† within 14 days before illness onset?

☐ Yes ☐ No ☐ Unk If yes, which country?_____Dates: to

19. A history of health care employment in or near the Arabian Peninsula† within 14 days of symptom onset?

☐ Yes ☐ No ☐ Unk If yes, which countries?_____Dates: to

20. A history of hospital admission or visit to a hospital in or near the Arabian Peninsula† within 14 days of symptom onset?

☐ Yes ☐ No ☐ Unk If yes, which countries?_____Dates: to

21. Had close contact[1] with a symptomatic person who had fever AND acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula†?

☐ Yes ☐ No ☐ Unk If yes, which countries?_____Dates: to

22. Is a member of a cluster of patients with severe acute illness (e.g. fever and pneumonia requiring hospitalization) of unknown etiology in which MERS-CoV is being evaluated, in consultation with state and local health departments or CDC?

☐ Yes ☐ No ☐ Unk

23. Is a close contact of a person with a confirmed or probable case of MERS-CoV?

☐ Yes ☐ No ☐ Unk

24. Camel, bat or other animal contact in or near the Arabian Peninsula† within 14 days of symptom onset?

☐ Yes ☐ No ☐ Unk If yes, which countries?_____Dates: to

Type of contact _____

25. Consumption of raw camel milk or urine or undercooked meat products in or near the Arabian Peninsula† within 14 days of symptom onset?

☐ Yes ☐ No ☐ Unk If yes, which countries?_____Dates: to

Type of product _____

Infection Control

26. When hospitalized, is/was the patient in a:

a. Negative pressure room? ☐ Yes ☐ No ☐ Unk

b. Private room?

27. Are/Were surgical masks being used by the patient during transport?

☐ Yes ☐ No ☐ Unk

28. Are personal protective equipment being used by all HCW[2] and visitors when entering the patient's room (Check all that apply)**:**

☐ Gloves ☐ Gowns ☐ Eye protection (goggles or face shield) ☐ N95/other form of respiratory protection (e.g., PAPR)

☐ Facemask ☐ Unk

Laboratory Testing

Tests Performed	Results				Tests Performed	Results			
	+	-	Pending (Pe)	Not done		+	-	Pending (Pe)	Not done
Influenza ☐A ☐B Test type: rapid ☐Y ☐N Test type: PCR ☐Y ☐N			☐	☐	*Streptococcus pneumoniae*			☐	☐
RSV			☐	☐	*Legionella pneumophila*			☐	☐
Human metapneumovirus			☐	☐	Blood culture If positive			☐	☐
Parainfluenza 1-4			☐	☐					
Adenovirus			☐	☐	Other:_____			☐	☐

MERS Testing

Specimen	ID #	Date collected	PHL			Sent to CDC?	Specimen	ID #	Date collected	PHL			Sent to CDC?
			+	-	Pe					+	-	Pe	
Sputum					☐	☐	PF[3]					☐	☐
BAL					☐	☐	Stool					☐	☐
TA [4]					☐	☐	Serum*					☐	☐
[5] NP[6]/OP[7]					☐	☐						☐	☐

*Use RED top or TIGER top tube

[1] Close contact is defined as a) any person who provided care for the patient, including a health care worker or family member, or had similarly close physical contact; or b) any person who stayed at the same place (e.g. lived with, visited) as the patient while the patient was ill.

[2] HCW: Heath care workers

[3] PF: Pleural fluid [4] BAL: Bronchial alveolar lavage [5]TA: Tracheal aspirate [6] NP: Nasopharyngeal [7] OP: Oropharyngeal

† Countries considered in the Arabian Peninsula and neighboring include: Bahrain; Iraq; Iran; Israel, the West Bank, and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen.